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CONFIRMATION NO. 9497

<b>SERIAL NUMBER</b> 10/816,279	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 163P006(B)
<b>APPLICANTS</b> Jeffrey A. Kline, Charlotte, NC;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/400,339 03/26/2003 PAT 7,083,574 which is a DIV of 09/965,303 09/27/2001 PAT 6,575,918				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 45
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28264				
<b>TITLE</b> NON-INVASIVE DEVICE AND METHOD FOR THE DIAGNOSIS OF PULMONARY VASCULAR OCCLUSIONS				
<b>FILING FEE RECEIVED</b> 953	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	